

FILED 28 APR '15 15:06 USDC-ORP

Name, Address,  
E-mail, & Phone

UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON

Robert Lee West

Plaintiff(s),

Case No. 3'15 CV-715- ST

v.

Mayor Hiles  
Chief of Police Portland Reese

MOTION FOR APPOINTMENT  
OF PRO BONO COUNSEL

Defendant(s).

I, Robert Lee West, move for the appointment of pro bono counsel.

To support this motion, I declare under penalty of perjury that (check one):

- ☐ I have been granted, or have applied for, permission to proceed *in forma pauperis*.  
☐ I have attached an affidavit demonstrating my inability to pay the cost of an attorney.

I have made the following diligent efforts to obtain legal counsel but have been unsuccessful because of my poverty (describe below):

I need appointed counsel to assist me because (describe below):

Signature

Printed Name

Date



4/28/15

Robert West

**AFFIDAVIT IN SUPPORT OF  
MOTION FOR APPOINTMENT OF PRO BONO COUNSEL**

I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No

If you answered yes, where are you are incarcerated? \_\_\_\_\_

2. Are you currently employed? ☐ Yes ☒ No

If you are employed:

List your employer's name: \_\_\_\_\_

List your employer's address: \_\_\_\_\_

Amount of take-home pay: \$\_\_\_\_\_ per \_\_\_\_\_ (hour, day, week, month)

If you are not employed:

Name your last employer: \_\_\_\_\_

Last employer's address: \_\_\_\_\_

Date of last employment: \_\_\_\_\_

Amount of take-home pay: \$\_\_\_\_\_ per \_\_\_\_\_ (hour, day, week, month)

3. Is your spouse or significant-other employed? ☐ Yes ☐ No ☒ Not Applicable

Name of employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Date of last employment: \_\_\_\_\_

Amount of take-home pay: \$\_\_\_\_\_ per \_\_\_\_\_ (hour, day, week, month)

4. Have you received money from any of the following sources in the last 12 months?

- **Business, professions, or other self-employment:**

☐ Yes Amount Received: \$\_\_\_\_\_ Amount expected in future: \$\_\_\_\_\_

☒ No

- **Rent payments, interest, or dividends:**

☐ Yes Amount Received: \$\_\_\_\_\_ Amount expected in future: \$\_\_\_\_\_

☒ No

- **Pensions, annuities, or life insurance payments:**

☐ Yes Amount Received: \$ \_\_\_\_\_ Amount expected in future: \$ \_\_\_\_\_

☒ No

- **Disability or workers compensation payments:**

☒ Yes Amount Received: \$ 700 Amount expected in future: \$ \_\_\_\_\_

☐ No

- **Gifts or inheritances:**

☐ Yes Amount Received: \$ \_\_\_\_\_ Amount expected in future: \$ \_\_\_\_\_

☒ No

- **Any other sources:**

☐ Yes Amount Received: \$ \_\_\_\_\_ Amount expected in future: \$ \_\_\_\_\_

☒ No

5. **Do you have cash or savings accounts, including prison trust accounts?**

☒ Yes Total amount: \$ 500

☒ No

6. **Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles, or other valuable property?** ☒ Yes (describe below) ☐ No

Type of Asset	Brief Description	Estimated Value
<del>car</del>		
car		\$115,000

7. **Do you have any other assets?** ☐ Yes (describe below) ☒ No

Type of Asset	Brief Description	Estimated Value


8. Do you have monthly expenses, including housing, transportation, utility, judgments, loan payments, or other regular expenses? ☒ Yes (describe below) ☐ No

Expense Description	Estimated Monthly Payment
<del>1300</del> Rent	\$1300
Insurance	\$1100
Gas	\$100

9. List the persons (or, if under 18, initials only) who are dependent on you for support:

Name or Minor's Initials	Relationship (Spouse, child, parent, etc.)	Amount of Monthly Support You Provide

10. Do you have any debts or financial obligations? ☐ Yes (describe below) ☐ No

  
Signature

Robert West  
Printed Name

4/28/2015  
Date